NAME OF PROVIDER OR SUPPLIER: ST. LUKE'S WEST END ENDOSCOPY CENTER STATE LICENSE NUMBER: 24351501 STATE LICENSE NUMBER: 24351501 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY PREFIX MUST BE PRECEEDED BY FULL REGULATORY OR LSC PREFIX TAG CORRECTIVE ACTION SHOULD BE COM-	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		R: A. BLDG: <u>00</u>		PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:		
ST. LUKE'S WEST END ENDOSCOPY CENTER STATE LICENSE NUMBER: 24351501 (X4) ID PREFIX TAG					B. WING: _		07/28/2023	
PREFIX TAG MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) S 0000 INITIAL COMMENT This report is the result of a State licensure survey conducted on July 28, 2023, at St. Luke's West End Endoscopy Center. It was determined the facility was not in compliance with the requirements of the Pennsylvania Department of Health's Rules and Regulations for Ambulatory Care Facilities, Annex A, Title 28, Part IV, Subparts A and F,	ST. LUKE'S WEST END ENDOSCOPY CENTER			501 CETRON	IA RD.			
This report is the result of a State licensure survey conducted on July 28, 2023, at St. Luke's West End Endoscopy Center. It was determined the facility was not in compliance with the requirements of the Pennsylvania Department of Health's Rules and Regulations for Ambulatory Care Facilities, Annex A, Title 28, Part IV, Subparts A and F,	PREFIX	MUST BE PRECEEDE	ED BY FULL REGULATORY O		CORRECTIVE ACTION SHO	OULD BE	(X5) COMPLETE DATE	
S 0043 S 0043		This report is the result conducted on July 28, 2 End Endoscopy Center facility was not in com of the Pennsylvania Deand Regulations for Ar Annex A, Title 28, Par	2023, at St. Luke's Ver. It was determined apliance with the requestment of Health's mbulatory Care Facing IV, Subparts A and	West the uirements s Rules lities,				
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE: (X6) DATE:	LABORATORY	Y DIRECTOR'S OR PROVIDER/SUPPLI	ER REPRESENTATIVE'S SIGN	IATURE		TITLE:	(X6) DATE:	

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S 0043 Continued from page 1 S 0043 Continued from page 1 S 0043 S 0043 Continued from page 1 S 0043 S 0043 The Administrator of West End Endoscopy, the Director of Nursing, and the Quality Director will be educated that the activities of the center must be reflected in the governing body minutes of St. Luke's University Health Network. The Administrator of West End Endoscopy will be responsible for the plan of correction. The Administrator of West End Endoscopy will be responsible for the plan of correction. The Administrator of West End Endoscopy or designee will provide a report to the board regarding the activities of the center on an annual basis.		OF DEFICIENCIES AND RECTION (POC)	(X2) MULTIPLE CONSTRUCTION:			(X3) DATE SURVEY COMPLETED:		
ST. LUKE'S WEST END ENDOSCOPY CENTER STATE LICENSE NUMBER: 24351501 COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY PREFIX TAG) PROVIDERS PLAN OF CORRECTION (EACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE			390049				07/28/2023	
PREFIX TAG CORRECTIVE ACTION SHOULD BE COMPLET DATE COMPLET CORSS-REFERENCED TO THE APPROPRIATE S 0043 Continued from page 1 S 0043 Continued from page 1 S 0043 S 0043 S 0043 Continued from page 1 S 0043 S 0043 The Administrator of West End Endoscopy, the Director of Nursing, and the Quality Director will be educated that the activities of the center must be reflected in the governing body minutes of St. Luke's University Health Network. The Administrator of West End Endoscopy will be responsible for the plan of correction. The Administrator of West End Endoscopy will be responsible for the plan of correction. The Administrator of West End Endoscopy or designee will provide a report to the board regarding the activities of the center on an annual basis.	ST. LUKE'S WEST END ENDOSCOPY CENTER STATE LICENSE NUMBER: 24351501			501 CETRON ALLENTOWN	IA RD. N, PA 1810 ⁴	1	CTION (TACH	(75)
51.31 Exceptions - Principle The Administrator of West End Endoscopy, the Director of Nursing, and the Quality Director will be educated that the activities of the center must be reflected in the governing body minutes of St. Luke's University Health Network. The Department may grant exceptions to this part when the policy and objectives contained therein are otherwise met, or when compliance would create an unreasonable hardship and an exception would not impair or endanger the health, safety or welfare of a patient or resident. No exceptions or departures from this part will be granted if compliance with the requirement is provided for by statute. This REGULATION is not met as evidenced by: The Administrator of West End Endoscopy will be responsible for the plan of correction. The Administrator of West End Endoscopy or designee will provide a report to the board regarding the activities of the center on an annual basis.	PREFIX	MUST BE PRECEEDED BY FULL REGULATORY OF			PREFIX TAG CORRECTIVE ACTION SHOULD BE		OULD BE	COMPLETE
End Endoscopy will submit a report regarding the activities of the center to the Director of Accreditation and Standards to ensure compliance.		51.31 Exceptions - Principle 51.31. Principle The Department may grant the policy and objectives cootherwise met, or when con unreasonable hardship and or endanger the health, safe resident. No exceptions or or granted if compliance with by statute.	exceptions to this part vontained therein are appliance would create an an exception would not ty or welfare of a patien departures from this part the requirement is proving	impair t or will be	S 0043	Endoscopy, the Director of N and the Quality Director will educated that the activities of center must be reflected in the governing body minutes of S Luke's University Health Ne. The Administrator of West Endoscopy will be responsible the plan of correction. The Administrator of West Endoscopy or designee will a report to the board regarding activities of the center on an basis. Annually, the Administrator End Endoscopy will submit regarding the activities of the to the Director of Accreditation.	Nursing, I be If the Ine Ist. Istwork. End Ine	10/06/2023 Status: APPROVED

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		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 07/28/2023	
		390049		B. WING.		07/28/2023	
NAME OF PROVIDER OR SUPPLIER: ST. LUKE'S WEST END ENDOSCOPY CENTER STATE LICENSE NUMBER: 24351501			STREET ADDRESS, 501 CETRON ALLENTOWN	IA RD.			
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S 0043	Based on a review of frinterview with staff (Effacility failed to complistated in the exception for 28 Pa Code § 553.1 Endoscopy (ASF) failed the ASF were reported Luke's Health Network Findings include: Review on July 28, 202 Department November request related to Gove 553.1) is granted based in the narrative submitt Endoscopy (ASF) must the St. Luke's Health November the governing body. As will apply to the ASF to otherwise. The governing the activities of the ASF to otherwise of the ASF to otherwi	MP), it was determing y with required criter granted by the Department of the Department of the determine the activities of the governing books. 23, of a letter from the 20, 2015, revealed erning Body (28 Partle on the information ted. St. Luke's West to be specifically additionally and the bylaws of The unless specifically string body minutes must be specifically string be specifically string be specifically string be specifically string be	hed the cria as curtment and critics of dy of St. The Code § provided a End cressed in aws of a SLHN cated cast reflect	S 0043			

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER			PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED:	EY
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NAME OF PROVIDER OR SUPPLIER: ST. LUKE'S WEST END ENDOSCOPY CENTER STATE LICENSE NUMBER: 24351501			STREET ADDRESS, 501 CETRON ALLENTOWN	IA RD.			
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S 0043	Continued from page 3 the ASF must be maint A request was made or the facility's governing EMP1 provided the fol Luke's Allentown Cam Meeting" minutes, date December 15, 2022, M 2023." Interview on July 28, 2 AM with EMP1 confir facility are reported to Campus, Board of Gov do not report facility ac Network governing board	n July 28, 2023, to E body meeting minu- lowing documents: pus, Board of Gove- ed August 18, 2022, farch 16, 2023, June 2023, at approximate med the activities of St. Luke's Allentow vernors and confirmed	MP1 for otes. "St. rnors 15, ely 11:20 of the oned they	S 0043			

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Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 390049			A. BLDG: 00		(X3) DATE SURVE COMPLETED: 07/28/2023	PLETED:	
NAME OF PROVIDER OR SUPPLIER: ST. LUKE'S WEST END ENDOSCOPY CENTER STATE LICENSE NUMBER: 24351501			STREET ADDRESS, 501 CETRONI ALLENTOWN	A RD.		<u> </u>	
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S 0043	Continued from page 4			S 0043			
S 033A				S 033A			

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PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER:		PLE CONSTRUCTION:	(X3) DATE SURV COMPLETED: 07/28/2023	EY			
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S 033A	Continued from page 5 553.3 (1) Governing Body I 553.3 Governing Body respo (1) Conforming to local laws. This REGULATION is not	nsibilities include: o all applicable Federal,	State, and	S 033A	The Administrator of West Endoscopy and the Patient S Officer will be educated that investigation reports and actitaken to promote patient safe be submitted quarterly to the governing body. The Patient Safety Officer were sponsible for providing investigation reports and the taken to promote patient safe the ASF quarterly to the governing body. The Administrator will responsible for ensuring that investigation reports, including actions taken have been submit to the board quarterly. Quarterly, the Administrator submit the patient safety meaninutes to the Coordinator of Accreditations & Standards to ensure compliance. The Administrator will be responsible for the plan of correction. Quarterly, the Administrator will be responsible for the plan of correction. Quarterly, the Administrator will be responsible for the plan of correction. Quarterly, the Administrator will be responsible for the plan of correction.	rill be actions ety at erning ll be the ing mitted will eting of to	Completion Date: 10/06/2023 Status: APPROVED Date: 08/23/2023

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Pennsylvania Department of Health

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NAME OF PROVIDER OR SUPPLIER: ST. LUKE'S WEST END ENDOSCOPY CENTER STATE LICENSE NUMBER: 24351501		STREET ADDRESS, 501 CETRON ALLENTOWN	IA RD.				
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S 033A	Continued from page 6			S 033A	ensure a report has been subto the board regarding patien events and investigations at tocenter.	t safety	

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		(X2) MULTI A. BLDG:	PLE CONSTRUCTION:	(X3) DATE SURVI COMPLETED:	ΞY
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NAME OF PROVIDER OR SUPPLIER: ST. LUKE'S WEST END ENDOSCOPY CENTER STATE LICENSE NUMBER: 24351501			STREET ADDRESS, 501 CETRON ALLENTOW	IA RD.			
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S 033A	Continued from page 7			S 033A			
	Based on review of facility documents and stainterview (EMP), it was determined the facility to conform to applicable state laws. St. Luke's West End Endoscopy Center was not compliance with the following State Law: Act 13 of 2002 Medical Care Availability and Reduction of Error (MCARE) Act, Chapter 3. Patient Safety Section 309. Patient safety of A patient safety officer of a medical facility of all of the following (5) Report to the administrative officer and governing body of medical facility on a quarterly basis regarding number of serious events and incidents and its recommendations to eliminate future serious and incidents "		eility failed s not in and r 3. ty officer. y shall do of the ing the				
	This is not met as evidenced by: Based on review of facility documents, and staff interview (EMP), it was determined the facility fa						

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(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:	LIA		PLE CONSTRUCTION:	(X3) DATE SURVI COMPLETED:	EY
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NAME OF PROVIDER OR SUPPLIER: ST. LUKE'S WEST END ENDOSCOPY CENTER STATE LICENSE NUMBER: 24351501		A RD.			
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Luke's West End ised 7/25/22, reveal tee Report to Pres ficer and the Board pasis regarding the eddents" 3, of facility documents, Board of Govern August 18, 2022, arch 16, 2023, June mentation the governmentation the governments.	nent led sident of number lent "St. mors 15, ming	S 033A			
	TCENTER TOTAL REGULATORY OF THE BY FULL REGULATORY OF THE BY. TOTAL REGULATORY OF THE BY FULL	TCENTER STREET ADDRESS, 501 CETRONI ALLENTOWN To Deficiencies (EACH DEFICIENCY BY FULL REGULATORY OR LSC ING INFORMATION) The deficiency of the second of	A. BLDG: _B. WING:	A BLDG:00	A BLDG: _00 B WING:

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/ IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION: A. BLDG:00		(X3) DATE SURVEY COMPLETED:		
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S 033A	Continued from page 9			S 033A			
	Interview on July 28, 2	•	. ,				
	approximately 11:15 A provide quarterly report						
	regarding serious even		ooura				
S 3230				S 3230			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/ IDENTIFICATION NUMBER		CR:		IPLE CONSTRUCTION: (X3) DATE SUR COMPLETED:		ΈΥ	
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NAME OF PROVIDER OF ST. LUKE'S WES	ST END ENDOSCOI	PY CENTER	STREET ADDRESS 501 CETRON ALLENTOW	IA RD.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFIC MUST BE PRECEEDED BY FULL REGULATORY OR L IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 3230 Conti	Continued from page 10			S 3230			
553.23 P Clinic	3 Discharge by transfers 3 Discharge by transfers Prior arrangements manged records shall accord REGULATION is not	de for admissions.			The Medical Director of We Endoscopy will be responsible educating all providers that we emergency occurs and a patimust be transferred to another facility, the receiving facility notified of the transfer. The Director of West End Endoscowill also educate all provider they must document this noting the patient's electronic merecord. The Administrator of End Endoscopy will develop inter-hospital AVS which with all pertinent information regather patient's stay at the ASF. Administrator will educate somembers that the inter-hospit must be sent with the patient receiving facility. The Director of Nursing or dwill be responsible for performance and transfers from West Erendoscopy to ensure there is documentation that the receifacility was notified of the transfers for the another transfers from the trans	when an ent err when an ent err when an ent err when an ent err when and the err when and t	Completion Date: 10/06/2023 Status: APPROVED Date: 08/23/2023

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		1 ` ′		(X3) DATE SURVE COMPLETED:	ΞY
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S 3230	Continued from page 11			S 3230	and that the inter-hospital A's sent with the patient. These a will be reviewed with the Administrator of West End Endoscopy and will be revie the quarterly Quality/PI commeeting. The Administrator of the AS responsible for the plan of coand will review audit results quarterly Quality/PI commit meeting. Additionally, the Administrator will be responsible for the boar regarding annually regarding safety events and investigative the Anderson Ambulatory St. Center.	ewed at anmittee SC will be correction at the tee asible for ard g patient ons at	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00		(X3) DATE SURVEY COMPLETED:	
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S 3230	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIES (EACH DEFICIENCIES (EACH DEFICIENCIES (EACH DEFICIENCIES (EACH DEFICIENCIES (EACH DEFICIENCIES (EACH DEFICIENCIES (EACH DEFICIES (EACH DEFICIENCIES (EACH DEFICIES (EACH DEFICIES (EACH DEFICIENCIES (EACH DEFICIENCIES (EACH DEFICIENCIES (EACH DEFICIES (EACH DEFICIENCIES (EACH DEFICIES (EACH DEFICIENCIES (EACH DEFICIENCIES (EACH DEFICIENCIES)) (ers to medical lity for 4 R2, 1 be ill inform ." he medical g facility.	S 3230			
	patient presented to the	e surgery center for a	surgical				

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,		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00		(X3) DATE SURVEY COMPLETED:	
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NAME OF PROVIDER OR SUPPLIER: ST. LUKE'S WEST END ENDOSCOPY CENTER STATE LICENSE NUMBER: 24351501			STREET ADDRESS, 501 CETRONI ALLENTOWN	A RD.			
(X4) ID PREFIX TAG	MUST BE PRECEEDE		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHE CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 3230	summary statement of deficiencies (each deficiency Must be preceeded by full regulatory or LSC identifying information) Continued from page 13 procedure on December 15, 2022, and experient an event that required the transfer to a higher let care. Further review revealed no documention receiving facility was notified of the transfer and documentation medical records were provided the receiving facility. Review on July 28, 2023, of MR2 revealed the patient presented to the surgery center for a sur procedure on February 17, 2023, and experience an event the required the transfer to a higher let care. Further review revealed no documention medical records were provided to the receiving facility. Review on July 28, 2023, of MR4 revealed the patient presented to the surgery center for a sur procedure on April 27, 2023, and experienced a event that required the transfer to a higher level care. Further review revealed no documention receiving facility was notified of the transfer and a surgery center for a surprocedure on April 27, 2023, and experienced a event that required the transfer to a higher level care. Further review revealed no documention receiving facility was notified of the transfer and the transfer a		erienced er level of tion the er and no ded to the a surgical rienced er level of tion ving the a surgical ed an devel of tion the	S 3230			

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PLAN OF CORRECTION (POC) IDEI		` '	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390049		IPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED: 07/28/2023	
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S 3230	documentation medicathe receiving facility. Review on July 28, 202 patient presented to the procedure on May 5, 2 event that required the care. Further review receiving facility was a documentation medicathe receiving facility. Interview on July 28, 2 approximately 12:00 PMR4 and MR5 were treare and confirmed the receiving facility was a clinical records were p	23, of MR5 revealed a surgery center for a 023, and experience transfer to a higher bevealed no document notified of the transfel records were provided as were provided as a higher transferred to a higher transferred to a higher transferred to a higher transferred and no document notified	I the a surgical d an level of tion the er and no ded to MR2, r level of tation the	S 3230			
S 331A				S 331A			

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PLAN OF CORRECTION (POC) IDE		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		A. BLDG: _	(X2) MULTIPLE CONSTRUCTION: (X3) DATE SU COMPLETED: A. BLDG:00_ B. WING: 07/28/2023		EY
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NAME OF PROVIDER OR SUPPLIER: ST. LUKE'S WEST END ENDOSCOPY CENTER STATE LICENSE NUMBER: 24351501			501 CETRON ALLENTOW	IA RD.			
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S 331A	Continued from page 15			S 331A			
	553.31 (a) Administrative responsibilities A full time person in charge shall be appointed who has authority and responsibility for the operation of the AS all times. Qualifications, authority, responsibilities and duties of the person in charge shall be defined in a wristatement adopted by the governing body. This REGULATION is not met as evidenced by:		ASF at and		The Clinical Coordinator wildesignated as the Administrate West End Endoscopy. Due to change, the ASF's charge nube designated as the Director Nursing. The DOH license application will be changed to the new administrator and dinursing. Notice of the change also be sent to the Department Health as per regulation 51.4 Change in ownership; change management. As needed, but minimally prannual licensure, the Adminiof West End Endoscopy will leadership roles to ensure the Department of Health's regulare met. Results of the review reported to the Quality/PI Coof the ASF as well as up to a including the Governing Boowill be responsible for any procrection.	tor of o this rse will r of to reflect rector of e will nt of the e in to the istrator review e lations w will be ommittee and dy who	Completion Date: 10/06/2023 Status: APPROVED Date: 08/23/2023

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		(XI) PROVIDER/SUPPLIER/CIDENTIFICATION NUMBER 390049		A. BLDG:00B. WING:		(X3) DATE SURVEY COMPLETED: 07/28/2023	
NAME OF PROVIDER OR SUPPLIER: ST. LUKE'S WEST END ENDOSCOPY CENTER STATE LICENSE NUMBER: 24351501			STREET ADDRESS, 501 CETRON ALLENTOW	IA RD.			
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S 331A	Continued from page 16 Based on observation, review of facility does and interview with staff (EMP), it was deter the facility failed to ensure that a full-time page was in charge that had the authority and responsibility for the operation of St. Luke's End Endoscopy Center at all times. Findings include: Review on July 28, 2023, of facility docume "Amended and Restated Bylaws of Saint Luthospital of Bethlehem, Pennsylvania" reveator establish and maintain facilities, persons services for the care of persons suffering from illnesses, diseases and disabilities and the distribution that the distribution of the St. Luke End Endoscopy Center in accordance with the regulations of the Pennsylvania Department Health"		ermined person 's West nent uke's ealed " nel and om diagnosis ke's West the	S 331A			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/OIDENTIFICATION NUMBER	I) PROVIDER/SUPPLIER/CLIA DENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION: A. BLDG: 00		(X3) DATE SURVEY COMPLETED:	
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NAME OF PROVIDER OR SUPPLIER: ST. LUKE'S WEST END ENDOSCOPY CENTER STATE LICENSE NUMBER: 24351501			STREET ADDRESS, 501 CETRON ALLENTOWN	IA RD.				
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI IDENTI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE		
S 331A	Review on July 28, 2023, of the facility license application "Ambulatory Surgical Facility Application Request Form" dated July 24, 2023, revealed EMP3 was identified as the Administrator for the facility. Review on July 28, 2023, of facility document "Clinical Coordinator" dated May 23, 2023, for EMP1, revealed " The Clinical Coordinator is responsible for planning, coordinating, directing and evaluating daily operations and guiding the unit based team" Interview on July 28, 2023, at approximately 10:00 AM with EMP1 confirmed they are the administrator of the endoscopy center and oversee the daily operations. Further interview with EMP1 confirmed EMP3 was identified as the administrator on the license application and confirmed EMP3 does not have the authority and responsibility to			S 331A				

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Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC) (XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER: 390049			A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED: 07/28/2023	ΣΥ	
NAME OF PROVIDER OR SUPPLIER: ST. LUKE'S WEST END ENDOSCOPY CENTER STATE LICENSE NUMBER: 24351501		STREET ADDRESS, 501 CETRONI ALLENTOWN	IA RD.				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETE DATE
S 331A	Continued from page 18 oversee the surgery center.			S 331A			

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Certified End Page

ST. LUKE'S WEST END ENDOSCOPY CENTER

STATE LICENSE NUMBER: 24351501 SURVEY EXIT DATE: 07/28/2023

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Jeane Parisi

Deputy Secretary for Quality Assurance

fearre Janie

Debra L. Bogu MD

Debra L. Bogen, MD, FAAP Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY